

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

3

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16		2				
17		3				
18		1				
19		5				
20		5				
21		1				
22		1				
23		1				
24		1				
25		1				
26		6				
27		1				
28		1				
29		1				
30		1				
31		1				
32	1					
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35						
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38						
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41						
42						
43						
44						
45						
46						
47		2				
48		2				
49		1				
50		1				
TOTAL IND.	2					
TOTAL DEP.	72					
TOTAL CLAIMS	74					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51		2				
52						
53						
54						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						